


**FORM COMP AA**

[See Rules 253 ©, 254 (c) (iii), 254 (80 255 (1) (iv)]  
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	- Amgaon
2.	CR. NO./TAR No./ SDF No.	- 176/2017 U/S 279, 304(A) IPC
3.	Date, Time and place of the accident.	- 22/7/2017 At 9/30 AM Borkan hers
4.	Name of the Injured /Deceased	- Nilesh Nilkanth Aasle 22 Yr
5.	Name of Hospital to which he /she was removed.	- Rusal Hospital Amgaon
6.	Number of vehicles and type of the vehicle.	- ST Bus NO MH-40 18949
7.	Name and address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge.	- Sunil Rajaram Navre 45 Yr vijay nagar Gondia RTO office Gondia
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	- Maharashtra State ST Bus Gondia
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	- NO 1286/DESK - RTI / L.S./ON 12420 Transport Commissioner's office Mittal Chamber 1st Floor Bombay
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	- 30 June 1987 400021
11.	Action taken, if any, and the result thereof.	- ST Batch NO 820/Bus Send Jmrc Court Amgaon
		- IO - HC - Hatwar/699 Inspector of Police, Amgaon Police Station
<p>N.B--This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.</p>		

  
**पोलीस निरीक्षक**  
**पोलीस ठाणे, आमगांव**  
**जिल्हा-गोंदिया**